

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 323

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial)

A. Wesley Ofstedal

Mailing Address 313 Eaton Ave N

City State Zip Code
 Fosston MN 56542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: 61019.C357384

Amount of Each Receipt this Period

250.00

Memo

[MEMO ITEM]

DforD Memo

Full Name (Last, First, Middle Initial)

B. Robert Olson

Mailing Address 2217 24th Ave S

City State Zip Code
 Minneapolis MN 55406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Librarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: 61019.C357416

Amount of Each Receipt this Period

95.00

Memo

[MEMO ITEM]

VF Memo

Full Name (Last, First, Middle Initial)

C. Connie Perpich

Mailing Address 4774 Laura Ln

City State Zip Code
 Shoreview MN 55126-6033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 61016.C356835

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)